EMSC/CHILD READY CONNECTION *NEWSLETTER*

DECEMBER VOLUME 2, ISSUE 12

EMS & Trauma Section
EMS for Children,
PO Box 202951,
1400 Broadway,
Room C314A,
Helena MT 59620

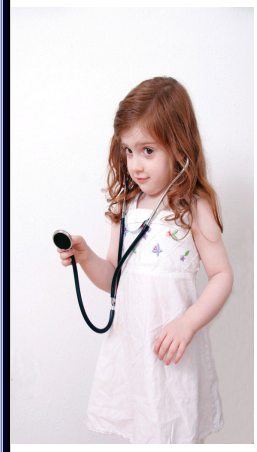
WHAT'S NEW?	PAGE
ACE-Adverse Childhood Experiences	2
MT ACE Statistics	2
What is an ACE Score?	3
State-Level Statistics	4
Adolescent Drinking	4
Pediatric Tactical Emergency Casualty Care	5
School Casualty Events	5
Child READY MT	6
CDC PPE Training	6
Trauma Resuscitation Checklist Flowchart	7
National Assessment of Pediatric Education Needs	8
MT Emergency Pediatric Care Course Opportunities	8
Trivia	9
Training Resources	9
Online Resources	9

A word from the EMSC Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

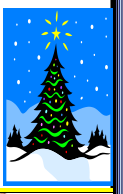
We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation)* is provided to children and adolescents, no matter where they live, attend school or travel.



Child Ready Montana- State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

THE *RIGHT* CARE AT THE *RIGHT* PLACE AT THE *RIGHT* TIME WITH THE *RIGHT* RESOURCES!



Exciting news and events are going on this month!

TRIVIA- ANSWER AND WIN PRIZES

What is an ACE? Find out on pages 2 through 4.

National Assessment of Pediatric Education Needs results available-see them on page 8.

Remember the Emergency Pediatric Care Courses are available!

Trivia- win a pediatric backboard!

THE ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than100 conference and workshop presentations have been made.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

Traumatic childhood events like abuse and neglect can create dangerous levels of stress and derail healthy brain development, resulting in long-term effects on learning, behavior and health. Leaders in research, policy and practice across the country are leading the way in preventing adverse childhood experiences (ACEs) and mitigating their impact by building resilience. Learn and hear about what's happening at newsroom/features-and-articles/ACEs/building-resilience.html

Montana ACEs

Reported ACEs	Percent
No ACEs	40%
1-3 ACEs	43%
4 or more ACEs	17%

With Four Plus ACEs in Montanans are:

- 4 times more likely to be heavy drinker
- 6 times more likely to abuse prescription pain meds.
- 6 times more likely to have a mental health concern
- 1.5 times more likely to have diabetes, heart disease
- 3 times more likely to report poor health or physical limits

THE ADVERSE CHILDHOOD EXPERIENCES (ACEs) QUESTIONNAIRE

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?
No___ If Yes, enter 1 __

2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No___ If Yes, enter 1 __

3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No___ If Yes, enter 1 __

4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No___ If Yes, enter 1 __

5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___ If Yes, enter 1 __

6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No___ If Yes, enter 1 __

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___ If Yes, enter 1 __

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___ If Yes, enter 1 __

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___ If Yes, enter 1 __

10. Did a household member go to prison?
No___ If Yes, enter 1 __

NOW ADD UP YOUR "YES" ANSWERS: _ THIS IS YOUR "ACE" SCORE

STATE-LEVEL STATISTICS OF ADVERSE CHILDHOOD EXPERIENCES

Research has found that the highest levels of risk for negative outcomes are associated with having experienced multiple adverse childhood experiences (ACEs.) Nationally, a slight majority of children have not experienced any ACEs, but in 16 states more than half of children have experienced at least one ACE. In **Montana and Oklahoma, 17 percent of children have experienced three or more ACEs**. Some studies suggest that the experience of four or more ACES is a threshold above which there is a particularly higher risk of negative physical and mental health outcomes. Prevalence at this threshold is lowest in New Jersey and New York, at around three percent, and highest in Oklahoma, Montana, and West Virginia, at 10 to 12 percent.

For additional information, including publications available to download, visit our website at childtrends.org.

Table 2. Four Most Common Adverse Childhood Experiences (and percentage prevalence) among Children ages Birth through 17, Nationally, and by State

State	Highest	2nd	3rd	4th
Montana	Economic Hardship (28)	Divorce (26)	Alcohol (19)	Mental Illness (14)

Table 3. Prevalence of Specific Reported Adverse Childhood Experiences (ACEs), Total, and by Age

ACE	National Prevalence (Percentage)	Range of State-Level Prevalence (Lowest - Highest Percentage)
Lived with someone who was mentally ill		
All children	9	5 (CA) - 14 (MT)
0 to 5	6	2 (ND) - 10 (MI)
6 to 11	8	4 (CA) - 17 (MT)

ADOLESCENT DRINKING

Research suggests that adverse childhood experiences (e.g., child abuse, interparental violence) predispose youth to early drinking initiation, but specifics about how and why adolescents progress from these exposures to alcohol use are not well understood.

A National Institute on Alcohol Abuse and Alcoholism supported study presents data from semi structured interviews with 22 adolescents who reported both initiating drinking ≤18 years old and ≥2 adverse childhood experiences. Data were collected in 2007 as part of a **formative research effort for an emergency department-based intervention to reduce adolescent drinking. http://www.ncbi.nlm.nih.gov/pubmed/20482338**

The MT SBIRT Project- The Montana SBIRT Project provides one-on-one technical assistance and support to healthcare providers in the Emergency Department, Trauma Services, Social Services, primary care clinics, university medical clinic setting to learn about and implement screening and brief interventions.

The goals of this project are to: Reduce alcohol & drug-related fatalities · Reduce the rate of alcohol & drug-related traffic crashes; · Increase the awareness, acceptance, and implementation of SBIRT protocols in Montana's healthcare culture. **If you are interested in learning more about SBIRT and how to implement in your facility/agency, please contact the Injury Prevention Coordinator with the MT DPHHS, EMS& Trauma Section at (406) 444-3895.**

Pediatric Tactical Emergency Casualty Care

The presence of children at emergency or disaster scenes make working the event more challenging for first responders, both logistically and personally. If it's a mass casualty incident (MCI), the situation intensifies. First responders often handle pediatric MCI patients the same way they handle adult MCI patients, which may not be the best way to handle them.

The Journal of Emergency Medical Services (JEMS) recently highlighted the draft Pediatric Guidelines developed by the Committee for Tactical Emergency Casualty Care (TECC). The guidelines specifically address casualty extraction, tourniquet use, airway management, and other critical care.

The other intent of the guidelines is to minimize the distress and fear response of the pediatric patient, as ineffective management "will damage trust, complicate medical care and create difficulty in communication."

Some techniques to use with pediatric trauma patients:

Don't provide explicit detail, which may confuse or frighten the child;

Give the child a job or provide an active role ("Could you hold these bandages for me?");

Describe actions or things using terms the child will understand;

Approach child from their eye level;

Ask them questions; have them repeat back what you've said.

Introducing these and other practices into current procedures will help eliminate problems and anxiety during the situation. The committee is currently still seeking comments on the draft; please feel free to contact them through their website.

(Source: JEMS)

LOOKING FOR A NEW WAY TO CONDUCT A MASS CASUALTY EVENT?

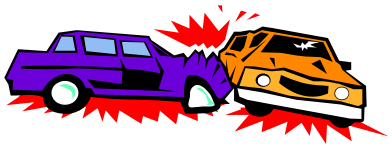
Below is information on how to work with schools.

Presentation of the Mock DUI Program by a local jurisdiction. The program presents the dangers of teen drinking and driving and the long term consequences through a reenactment of prom night.

It is an example of how EMS, Engineering, Education, and Enforcement work together to reduce injuries and fatalities.

More than a dozen videos plus presentations from the Seminole County's Mock DUI Program: http://rspcb.safety.fhwa.dot.gov/noteworthy/Mock_DUI.aspx

The Mock DUI Program, as it is described in the Roadway Safety Noteworthy Practices Database: http://rspcb.safety.fhwa.dot.gov/noteworthy/html/safetyculture_fl.aspx



CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

Culture of working in the Emergency Department:

Emergency Room Nurse—It's Not just another 9 to 5 job. Challenges Nurses Face.

An Emergency Room nurse may face many challenges while working in the Emergency Room environment. Because of the nature of this job, this work at times can be dangerous. There is close contact with blood, infectious diseases, toxic or harmful compounds, and body fluids (BLS). "Rigid, standardized guidelines" must always be followed (BLS) for the safety of everyone. While working in the ER, challenged arise such as "cultural and language barriers" (WiseGeek).

Nurses are also vulnerable to injuries including bites from patients, accidental needle pricks, and back injuries (BLS). Working in the ER can be emotionally and physically demanding. A nurse in the ER must work under pressure in hectic environments and possess emotional strength to cope with the stress and human suffering that the job entails (WiseGeek: BLS). The nurse is also responsible for emotional support to the family members of the patient (BLS), which at times can be very difficult considering the circumstances. There is also the possibility that a patient dies in your care and you must be emotionally stable to handle yourself and continue to do your job in this heartrending time (BLS).

Do you have what it takes? As George, RN states "It's definitely another world." Nurses who work in an emergency room may work long hours and may be on-call and expected to work nights, weekends, and holidays. (BLS) Becoming an emergency room nurse is not a career to pursue if you are interested only in monetary gain. A nurse must have a strong desire to help people. Becoming a nurse includes career-long learning as most states require continuing education for registered nurses (Mayo). *"In the words of nursing theorist Virginia Henderson, nurses help people, sick or well, to do those things needed for health or a peaceful death that people would do on their own if they had the strength, will, or knowledge." (NursingWorld.org)*

Child Ready MT will continue to provide mock code trainings. Also provide Cultural Sensitivity training upon request. Please contact Kassie Runsabove 406-238-6216 kassie.runsabove@sclhs.net

CDC PPE Guidelines: New Web-based PPE Training

Access this new web-based training that demonstrates the procedures described in CDC guidance for donning and doffing personal protective equipment (PPE) for all healthcare providers entering the room of a patient hospitalized with known or suspect Ebola virus disease (EVD).

Additional EVD resources for healthcare workers are also available.

This course is also available through CDC TRAIN at http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html

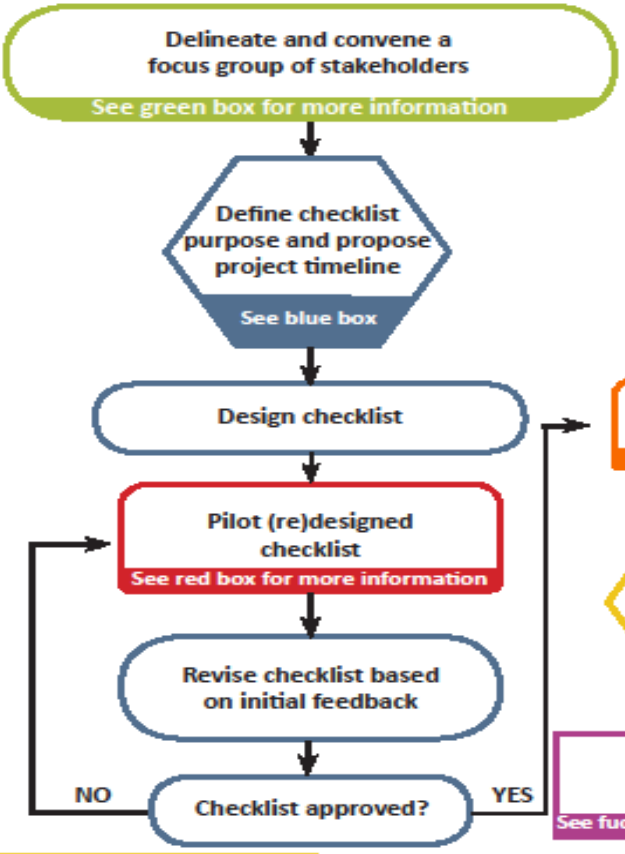
Trauma Resuscitation Checklist Flowchart

Before checklist implementation, identify the stakeholders. Increase project "buy-in" by engaging the eventual end-users early and communicating the potential benefits of the checklist. These steps will help create a positive attitude and increase use once implemented.

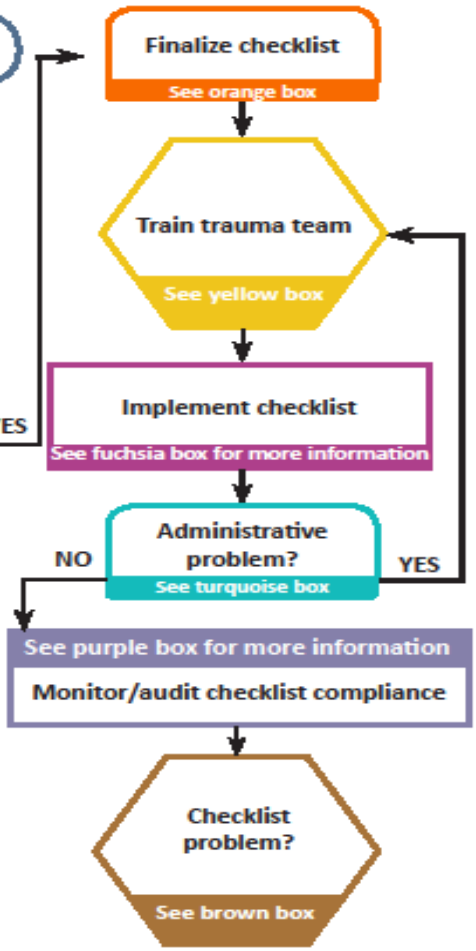
Use the feedback and experience from the pilot period to identify checklist items, administration methods, and implementation techniques that need to be clarified or revised. Making even small changes based on user feedback can reduce team members' frustration and increase enthusiasm for the checklist.

During a focus group of stakeholders and end-users, present data on the high rate of errors and omitted tasks in pediatric trauma resuscitation reported in the literature, as well as any available data on personal performance. Follow this discussion with one on the observed benefits of checklists among experienced teams and the potential benefits that could be seen at your institution.

Propose a plan with an estimated timeline for designing, piloting, and implementing the checklist. Encourage feedback and participation in each step of checklist implementation from all potential end-users.



Checklists require frequent revision of the items in order to remain relevant; however, editing them too often can confuse the team and reduce enthusiasm for checklist use. No checklist is perfect, but allowing time for teams to adjust to a "finalized" checklist may improve the quality of feedback. By allowing the checklist to become routine practice, it is possible to determine which items were simply unfamiliar to the team and which ones remain problematic and require revision.



The checklist can be implemented following team education and training. During initial implementation, checklist use should be monitored closely through in-person observation, informal interviews with team members, or video review. Paper checklists can also be collected to understand how they are being used, but the compliance with box checking should only be reported in conjunction with reports on actual task completion. Unexpected problems with the checklist may prompt need for revision of the items or administration method.

All team members should be given training in checklist use to ensure familiarity with the tool when it is implemented. The method for training can vary, but should include education on the following:

1. known and potential benefits of the checklist;
2. examples of proper checklist administration methods (emphasizing verbalization and accurate box checking);
3. logistics (i.e., where to find the checklist, where to put the completed checklist); and
4. where to direct questions, concerns, or feedback.

Children's National accomplished this through a training video on checklist administration techniques and a PowerPoint presentation on the logistics and potential benefits of the checklist. These were presented at a multidisciplinary trauma meeting and distributed electronically.

At Children's National, we review videos, solicit informal feedback from team members, and collect physical checklists to monitor and analyze trends in checklist use. We measure success of the checklist based on improvement in our performance.

If items are consistently skipped or performed incorrectly, the checklist may no longer be serving the needs of the team. Changes in technology and medical practice are frequent, and it is not uncommon for tasks on the checklist to become irrelevant. If this is observed, a review and redesign of the checklist is needed.

During implementation, resistance to checklist use, overly strict adherence to the checklist, and misinterpretation of specific items may occur. Addressing these issues early will help the success of the checklist. This can be done through addressing concerns of resistant individuals, reminding strict adherers that the ultimate goal is quality patient care, and clarifying confusing items. Continued resistance or confusion may indicate that the checklist needs revision.

This project was supported by the Health Resources and Services Administration, Maternal and Child Health Bureau, Emergency Medical Services for Children Program through grant number H34MC19351.

EMSC

Children's National

CHILDREN'S SAFETY INITIATIVE: A NATIONAL ASSESSMENT OF PEDIATRIC EDUCATIONAL NEEDS AMONG EMERGENCY MEDICAL SERVICES PROVIDERS.

The top educational priorities identified in the final round of the survey include:

pediatric airway management,

responder anxiety when working with children, and

general pediatric skills among providers.

The top three needs in decision-making include

knowing when to alter plans mid-course,

knowing when to perform an advanced airway, and

assessing pain in children.

The top 3 technical or procedural skills needs were

pediatric advanced airway,

neonatal resuscitation, and

intravenous/intraosseous access.

For neonates, specific educational needs identified included

knowing appropriate vital signs and

preventing hypothermia.

This is the first large-scale Delphi survey related to pediatric prehospital education. Our results provide foundational information related to the educational needs of prehospital providers. Medical directors and educators can use the results to shape future curricular development.

Prehosp Emerg Care. 2014 Oct 8

REMEMBER:

The Montana EMSC Program is helping to promote and sponsor Emergency Nursing Pediatric Courses and Emergency Pediatric Care Courses across Montana.

For more information contact Robin Suzor at (406) 444-0901 or rsuzor@mt.gov and/or also contact Shari Graham at (406) 444-6098 or sgraham2@mt.gov.

Use these opportunities to help Montana become Pediatric Ready!

TRIVIA CONTEST:

The First and if at least two others in your organization read the newsletter and answers the questions wins a free pediatric backboard—Email rsuzor@mt.gov

1. What is ACE?
2. What is an ACE score?
3. What are **the top 3 pediatric technical or procedural skills needed?**

TRAINING RESOURCES:

The Emergency Medical Services for Children (EMSC) Program is pleased to announce the release of the ***Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies*** *created by a multidisciplinary workgroup of pediatric and disaster preparedness experts from across the country as a result of findings from the National Pediatric Readiness Project; data reported indicated that less than half of all U.S. hospitals reported having written disaster plans addressing issues specific to the care of children.*

The Checklist is a tool to help hospitals incorporate essential pediatric considerations into existing hospital disaster policies. It consists of 10 essential pediatric domains and corresponding considerations to guide hospital administrators, clinical managers, and disaster planning committees through a review of current disaster plans and inform policy development or revision. Additionally, a list of references and resources specific to each domain is provided to assist users in finding relevant literature and best practices.

The Checklist is available in both interactive and static (printable) pdf versions from the following websites:

Emergency Medical Services for Children (EMSC) National Resource Center (NRC)

http://www.emscnrc.org

National Pediatric Readiness Project

http://www.pediatricreadiness.org

Health Resources on Children in Disasters and Emergencies

http://disasterinfo.nlm.nih.gov/dimrc/children.html

EMSC ONLINE TRAINING PORTAL

The EMSC National Resource Center's (NRC) new website features an Online Training Portal. These flexible, pediatric-focused trainings are convenient and available 24 hours a day to meet the participant's lifestyle. In general, the courses are all self-paced and should take approximately 30 to 90 minutes to complete, depending on the course selected. Participants may enter and exit a course at any time, then re-enter to complete the course at their convenience. Many of the courses offer continuing education credit.

A variety of courses are available targeting EMS Professionals, Acute Care Professionals, Residents and Fellows, School Nurses, and Family and Caregivers. Check it out today!